

| CLAIMS ONLY | | | | | | Application Number <i>10/654,305</i> | Filing Date |
|---|---------------------------------------|--------|-----------------------|--------|------------------------|---|-------------|
| | | | | | | Applicant(s) | |
| * May be used for additional claims or amendments | | | | | | | |
| CLAIMS | AS FILED <i>6-26-06</i> | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | |
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| Total Indep | / | | | | | | |
| Total Depend | 2 | | | | | | |
| Total Claims | 3 | | | | | | |